



City of Charleston
An Equal Opportunity Employer
174 East Bay Street, Third Floor
Suite 302
Charleston, SC 29401

(843) 724-7388 Phone
(843) 724-7358 Fax
www.charleston-sc.gov

(Fold Line)

(Fold Line)

Place
Stamp
Here

Please fold, seal and mail to:

CITY OF CHARLESTON
Human Resources
174 East Bay Street, Third Floor
Suite 302
Charleston, SC 29401

EMPLOYMENT EXPERIENCE

List jobs starting with your *present or most recent job*. Include any military experience. Account for all employment/educational activity within the last 7 years. A Résumé may be attached but does not take the place of this form. If you need more space, please attach a separate sheet or an *Additional Employment Experience* form.

Company Name	Telephone ()	Dates Employed From To
Address		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties		Reason for leaving.
		Start Salary End Salary

List tools, equipment and computer software utilized in this position.

Company Name	Telephone ()	Dates Employed From To
Address		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties		Reason for leaving.
		Start Salary End Salary

List tools, equipment and computer software utilized in this position.

Company Name	Telephone ()	Dates Employed From To
Address		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties		Reason for leaving.
		Start Salary End Salary

List tools, equipment and computer software utilized in this position.

Company Name	Telephone ()	Dates Employed From To
Address		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties		Reason for leaving.
		Start Salary End Salary

MILITARY STATUS: Have you served on active duty in the U.S. Armed Forces? ☐ Yes* ☐ No *If yes, please attach a copy of your undeleted discharge papers (DD214) which includes information about your separation and characterization of the discharge **and** complete and submit the military addendum to the employment application. This addendum is available at the Human Resources Office or online at www.charleston-sc.gov/employment

Typing / Word Processing	Indicate the number of words per minute you can type without error: _____
Computer Software	Indicate the types of software you are skilled in using: <input type="checkbox"/> Windows <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Access <input type="checkbox"/> Outlook <input type="checkbox"/> Internet Other _____
Telephone Experience	Have you operated a multi-line phone? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Lines? _____ Years of experience? _____
Driver's License	Do you have a Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No State _____ Expires _____ Do you have a Valid Commercial Driver's License (CDL)? <input type="checkbox"/> No <input type="checkbox"/> Permit <input type="checkbox"/> Class A <input type="checkbox"/> Class B

YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN.

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize any reference checks as well as the investigation of all statements contained in this application for employment that may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. If selected for employment, I further understand that my employment is contingent upon passing a pre-employment physical, background investigation and/or a drug test. *I also understand and acknowledge that all employees of the city are employees-at-will who may quit at any time for any reason and who may be terminated at any time for any or no reason.*

Signature of Applicant _____ **Date** _____



City of Charleston
An Equal Opportunity Employer

EEO Information

• ***Not for Interviewing or Screening Purposes*** •

In accordance with Equal Employment laws, we are required to maintain statistical data on all applicants. We ask for your cooperation in completing and returning the following information. This form will be separated from your application and not used in the screening or interviewing processes.

Name		Social Security Number	Date of Birth
Address			Telephone Number
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Check one, if applicable: <input type="checkbox"/> Disabled Individual <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Disabled Veteran		Please identify your race/ethnic category: <input type="checkbox"/> American Indian or Alaskan Native (original peoples of N. America who maintain cultural identification through tribal affiliation or community recognition) <input type="checkbox"/> Asian or Pacific Islander (original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands) <input type="checkbox"/> Hispanic (all persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race) <input type="checkbox"/> Black (not of Hispanic origin) (all persons having origins in any of the Black racial groups of Africa) <input type="checkbox"/> White (not of Hispanic origin) (all persons having origins in any of the original peoples of Europe, North Africa or the Middle East) <input type="checkbox"/> Other (specify) _____
Position Applied For:			
Where did you learn about this job opening? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Job Service <input type="checkbox"/> Radio Ad <input type="checkbox"/> JobLine <input type="checkbox"/> TV Ad/Cable <input type="checkbox"/> Walk-in <input type="checkbox"/> City's Website <input type="checkbox"/> Job Fair <input type="checkbox"/> Internet (site) _____ <input type="checkbox"/> City Employee Referral (<i>employee's name</i>) _____			

I hereby authorize any city, county, state or federal agency, department or bureau to release any information in their files under the above name. I understand and realize that the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I further release all personnel whomever from any liability arising out of or resulting from the release of this information.

Signature of Applicant: _____

Date: _____

NOTICE TO INDIVIDUALS WITH DISABILITIES, DISABLED VETERANS AND VIETNAM ERA VETERANS

Federal government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era; and section 503 of the Rehabilitation Act of 1973, as amended, which requires the same of qualified disabled individuals.

If you are a disabled veteran or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will not adversely affect any consideration you may receive for employment.

If you wish to be identified, sign here: _____